

APPENDIX D

2012 VA TRI Reporting Forms

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Form Approved OMB Number: 2025-0009 Page 1 of 6
 Approval Expires: 10/31/2014t

 EPA United States Environmental Protection Agency		FORM R Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act		TRI Facility ID Number _____	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P. O. Box 10163 Fairfax, VA 22038		2. APPROPRIATE STATE OR TRIBAL OFFICE (See instructions in Appendix E)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (Enter up to two code(s)) [] []		Withdrawal (Enter up to two code(s)) [] []	
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
PART I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR _____					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms)			<input type="checkbox"/> No (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official: _____			Signature: _____		Date signed _____
SECTION 4. FACILITY IDENTIFICATION					
Facility or Establishment Name _____		TRI Facility ID Number _____			
Physical Street Address _____		Mailing Address (if different from physical street address) _____			
City/County/Tribe/State/ZIP Code _____		City/State/ZIP Code _____		Country (Non-US) _____	
4.2 This report contains information for: (Important: Check a or b; check c or d if applicable)					
<input type="checkbox"/> a. An entire facility		<input type="checkbox"/> b. Part of a facility		<input type="checkbox"/> c. A federal facility	
<input type="checkbox"/> d. GOCO					
4.3 Technical Contact Name _____		Telephone Number (include area code) _____			
Email Address _____					
4.4 Public Contact Name _____		Telephone Number (include area code) _____			
Email Address _____					
4.5 NAICS Code(s) (6 digits)		Primary a. _____ b. _____ c. _____ d. _____ e. _____ f. _____			
4.6 Dun & Bradstreet Number(s) (9 digits)		a. _____ b. _____			
SECTION 5. Parent Company Information					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes) _____			No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>		
5.2 Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>			

EPA form 9350-1 (Rev 10/2012) - Previous editions are obsolete.

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FORM R		TRI Facility ID Number	
Part II. CHEMICAL-SPECIFIC INFORMATION		Toxic Chemical, Category, or Generic Name	
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)			
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)		
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)			
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)		
SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)			
3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:
	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity
	If Produce or Import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		3.3
			Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR			
4.1	[] (Enter two digit code from instruction package.)		
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE			
		A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)
			C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>	
Stream or Water Body Name			
5.3.1			
5.3.2			
5.3.3			
If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [] and indicate the Part II, Section 5.3 page number in this box. [] (Example: 1, 2, 3, etc.)			

EPA form 9350-1 (Rev. 10/2012) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year.
**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Form Approved OMB Number: 2025-0009 Page 3 of 6
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FORM R		TRI Facility ID Number	
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		Toxic Chemical, Category, or Generic Name	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (continued)			
		NA	A. Total Release (pounds/year*) (Enter a range code** or estimate)
5.4.1	Underground Injection on-site to Class I Wells	<input type="checkbox"/>	
5.4.2	Underground Injection on-site to Class II-V Wells	<input type="checkbox"/>	
5.5	Disposal to land on-site		
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>	
5.5.1B	Other landfills	<input type="checkbox"/>	
5.5.2	Land treatment/application farming	<input type="checkbox"/>	
5.5.3A	RCRA Subtitle C surface impoundments	<input type="checkbox"/>	
5.5.3B	Other surface impoundments	<input type="checkbox"/>	
5.5.4	Other disposal	<input type="checkbox"/>	
SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS			
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)		NA	<input type="checkbox"/>
6.1.____	POTW Name		
POTW Address			
City	County	State	ZIP
A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)		B. Basis of Estimate (Enter code)	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/>			
and indicate the Part II, Section 6.1 page number in this box: <input type="text"/> (Example: 1, 2, 3, etc.)			
6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS		NA	<input type="checkbox"/>
6.2.____	Off-Site EPA Identification Number (RCRA ID No.)		
Off-Site Location Name:			
Off-Site Address:			
City	County	State	ZIP
		Country (non-US)	
Is this location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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*For Dioxin or Dioxin-like compounds, report in grams/year.
**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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FORM R		TRI Facility ID Number	
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		Toxic Chemical, Category, or Generic Name	
SECTION 6.2. TRANSFERS TO OTHER OFF-SITE LOCATION (CONTINUED)			
A. Total Transfer (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)	
1.	1.	1. M	
2.	2.	2. M	
3.	3.	3. M	
4.	4.	4. M	
6.2 Off-Site EPA Identification Number (RCRA ID No.)			
Off-Site Location Name:			
Off-Site Address:			
City	County	State	ZIP Country (non-US)
Is this location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
A. Total Transfer (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)	
1.	1.	1. M	
2.	2.	2. M	
3.	3.	3. M	
4.	4.	4. M	
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY			
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment method is applied to any waste stream containing the toxic chemical or chemical			
a. General Waste Stream (Enter code)	b. Waste Treatment Method(s) Sequence (Enter 3-or 4-character code(s))		c. Waste Treatment Efficiency (Enter 2 character code)
7A.1a	7A.1b	1 2	7A.1c
3	4	5	
6	7	8	
7A.2a	7A.2b	1 2	7A.2c
3	4	5	
6	7	8	
7A.3a	7A.3b	1 2	7A.3c
3	4	5	
6	7	8	
7A.4a	7A.4b	1 2	7A.4c
3	4	5	
6	7	8	
7A.5a	7A.5b	1 2	7A.5c
3	4	5	
6	7	8	
If additional pages of Part II, Section 6.2/7.A are attached, indicate the total number of pages in this box. <input type="text"/> and indicate the Part II, Section 6.2/7.A page number in this box. <input type="text"/> (Example: 1, 2, 3, etc.)			

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FORM R		TRI Facility ID Number			
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		Toxic Chemical, Category, or Generic Name			
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES					
<input type="checkbox"/> NA Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.					
Energy Recovery Methods (Enter 3-character code(s))					
1. <input style="width: 100px;" type="text"/>		2. <input style="width: 100px;" type="text"/>		3. <input style="width: 100px;" type="text"/>	
SECTION 7C. ON-SITE RECYCLING PROCESSES					
<input type="checkbox"/> NA Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.					
Recycling Methods (Enter 3-character code(s))					
1. <input style="width: 100px;" type="text"/>		2. <input style="width: 100px;" type="text"/>		3. <input style="width: 100px;" type="text"/>	
SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES					
		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1b	Total other on-site disposal or other releases				
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1d	Total other off-site disposal or other releases				
8.2	Quantity used for energy recovery on-site				
8.3	Quantity used for energy recovery off-site				
8.4	Quantity recycled on-site				
8.5	Quantity recycled off-site				
8.6	Quantity treated on-site				
8.7	Quantity treated off-site				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year*)				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA. NA <input type="checkbox"/>				
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			
8.10.1		a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	

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FORM R		TRI Facility ID Number
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		Toxic Chemical, Category, or Generic Name
SECTION 8.1 1. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES		
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
SECTION 9. MISCELLANEOUS INFORMATION		
9.1	If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	

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 United States Environmental Protection Agency		FORM R Schedule 1				TRI Facility ID Number	
		PART II. CHEMICAL-SPECIFIC INFORMATION				(continued)	
SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE							
		5.1	NA <input type="checkbox"/>	5.2	NA <input type="checkbox"/>	5.3	Discharges to receiving streams or water bodies (Enter data for one stream or water body per box) NA <input type="checkbox"/>
		Fugitive or non-point air emissions		Stack or point air emissions		5.3.1	5.3.2
D. Mass (grams) of each compound in the category (1-17)	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
If additional pages of Section 5.3 are attached, indicate the total number of pages in this box <input style="width: 50px;" type="text"/>							
and indicate the Section 5.3 page number in this box <input style="width: 50px;" type="text"/> (Example: 1, 2, 3, etc.)							

EPA Form 9350-3

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

FORM R Schedule 1										TRI Facility ID Number					
PART II. CHEMICAL-SPECIFIC INFORMATION										(continued)					
SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE															
Underground Injection				5.5 Disposal to land on-site											
5.4.1 NA <input type="checkbox"/>		5.4.2 NA <input type="checkbox"/>		5.5.1.A NA <input type="checkbox"/>		5.5.1.B NA <input type="checkbox"/>		5.5.2 NA <input type="checkbox"/>		5.5.3A NA <input type="checkbox"/>		5.5.3B NA <input type="checkbox"/>		5.5.4 NA <input type="checkbox"/>	
Underground Injection on-site to Class I Wells		Underground Injection on-site to Class II-V Wells		RCRA Subtitle C landfills		Other landfills		Land treatment/ application farming		RCRA Subtitle C surface impoundments		Other surface impoundments		Other disposal	
C. Mass (grams) of each compound in the category (1-17)	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														
	12														
	13														
	14														
	15														
	16														
	17														

EPA Form 9350-3

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

FORM R Schedule 1											TRI Facility ID Number								
PART II. CHEMICAL - SPECIFIC INFORMATION																			
(continued)																			
SECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS																			
6.1. DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)											NA <input type="checkbox"/>								
6.1.____	C. Mass (grams) of Each Compound in the Category (1-17)																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
6.2 TRANSFERS TO OTHER OFF -SITE LOCATIONS											NA <input type="checkbox"/>								
6.2.____	D. Mass (grams) of each compound in the category (1-17)																		
1.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
2.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
3.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
4.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
6.2.____	D. Mass (grams) of each compound in the category (1-17)																		
1.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
2.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
3.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
4.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
If additional pages of Section 6.1 or 6.2 are attached, indicate the total number of pages in this box <input style="width: 50px;" type="text"/>																			
and indicate the Section 6.1 or 6.2 page number in this box <input style="width: 50px;" type="text"/> (Example: 1, 2, 3, etc.)																			

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FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued)											
											TRI Facility ID Number
SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS (current year only)											
	8.1a	8.1b	8.1c	8.1d	8.2	8.3	8.4	8.5	8.6	8.7	8.8
	Total on-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other on-site disposal or other releases	Total off-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other off-site disposal or other releases	Quantity used for energy recovery on-site	Quantity used for energy recovery off-site	Quantity recycled on-site	Quantity recycled off-site	Quantity treated on-site	Quantity treated off-site	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

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 <b style="font-size: 1.2em;">TOXICS RELEASE INVENTORY <b style="font-size: 1.2em;">FORM A			
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 10163 Fairfax, VA 22038		2. APPROPRIATE STATE OR TRIBAL OFFICE (See instructions in Appendix E)	TRI Facility ID Number _____
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (Enter up to two code(s)) <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>	Withdrawal (Enter up to two code(s)) <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.			
PART I. FACILITY IDENTIFICATION INFORMATION			
SECTION 1. REPORTING YEAR _____			
SECTION 2. TRADE SECRET INFORMATION			
2.1 <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms)	<input type="checkbox"/> No (Do not answer 2.2; go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)	
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.			
Name and official title of owner/operator or senior management official:		Signature:	Date signed:
SECTION 4. FACILITY IDENTIFICATION			
Facility or Establishment Name		TRI Facility ID Number	
Physical Street Address		Mailing Address (if different from physical street address)	
City/County/Tribe/State/ZIP Code		City/State/ZIP Code	Country (Non-US)
4.2 This report contains information for: (Important: Check c or d if applicable)			
		c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
4.3 Technical Contact Name		Telephone Number (include area code)	
Email Address			
4.4 Public Contact Name		Telephone Number (include area code)	
Email Address			
4.5 NAICS Code(s) (6 digits)			
Primary			
a.		b.	c.
d.		e.	f.
4.6 Dun & Bradstreet Number(s) (9 digits)			
a.			
b.			
SECTION 5. PARENT COMPANY INFORMATION			
5.1 Name of U.S. Parent Company (for TRI Reporting purposes)		No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number		NA <input type="checkbox"/>	

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(IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Page ___ of ___

EPA FORM A		TRI Facility ID Number
PART II. CHEMICAL IDENTIFICATION		
<small>Do not use this form for reporting PBT chemicals, including Dioxin and Dioxinlike Compounds*</small>		
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ___ of ___
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ___ of ___
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ___ of ___
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ___ of ___
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
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SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	

*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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